

Editorial

Why CIPI?

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In the competition between men and microbes, a golden age probably is behind us. During the last several decades, there have been major advances in the therapy and prevention of infectious diseases, including better hygienic conditions, isolation procedures, immunizations, and antibiotics. These breakthroughs have led to a progressive, sustained decrease in the morbidity and mortality of infections, such that the World Health Organization could propose "health for all in the year 2000" as an ambitious but apparently achievable target.

We now are becoming somewhat disillusioned. The acquired immunodeficiency syndrome represents the most striking example of the unexpected emergence of an unknown virus, exploding from a remote jungle and circling the globe within a few years. However, many other "new" microbes and "new" diseases have been identified during the last 20 years: a bacterium producing a worldwide β -lactam-resistant pneumonia (*Legionella pneumophila*), an agent associated with gastric ulcers and cancer (*Helicobacter pylori*), the toxic shock syndrome ("new" strains of *Staphylococcus aureus*), the most prevalent vector-borne disease in the United States (*Borrelia burgdorferi*, causing Lyme disease), recently recognized viral causes of hemorrhagic fevers, the new *Hantavirus* that causes a respiratory distress syndrome, and a bacterial agent producing atypical pneumonia potentially associated with arteriosclerosis (*Chlamydia pneumoniae*). The list continues to grow each year. In addition, some older plagues remain present or have made new progress: antibiotic-resistant tuberculosis has struck populations suffering from malnutrition or HIV infection, salmonellosis has advanced in both developed and developing countries, highly virulent strains of cholera have emerged in Bangladesh, and diphtheria has returned to Eastern Europe.

The hospital environment is not exempt from new and difficult problems. In recent years, difficult-to-treat gram-positive bacteria (in particular, methicillin-resistant staphylococci or *Enterococcus faecium* and fungi) have become increasingly important. Gram-negative bacteria remain a major cause of mortality, with the emergence of multiresistant strains, such as *Enterobacter cloacae*, *Pseudomonas*

aeruginosa resistant to carbapenems and quinolones, Enterobacteriaceae resistant to extended-spectrum β -lactamases, and *Xanthomonas maltophilia*. We must formulate imaginative answers to face the new infectious crisis; this will require both a global approach and multiple local actions.

Some microbial cauldrons offer no ready solutions in the foreseeable future: booming and uncontrolled urbanization, the proliferation of pockets of misery in rich countries, and multiplication of new wars all around the planet, for example. But some other challenges *can* be met: more judicious use of antibiotics, the development of new vaccines and anti-infectious drugs, and continued or improved attention to hygienic practices, to name a few. Obviously, there is an urgent need for new ideas, discussions, and concerted efforts. The International Conference on the Prevention of Infections (CIPI) has been created for that purpose.

Every other spring since 1990, individuals and societies involved in the prevention of infection are invited to meet in Nice, France. Every aspect of the vast field of prevention is discussed: public health, intensive care units, pediatrics, surgery, microbiology, infectious diseases, and infection control. The meeting is held under the auspices of several prestigious societies sharing the same concerns, and approximately 1,500 participants gather together, about 80% of them Europeans.

This year, CIPI and *Infection Control and Hospital Epidemiology (ICHE)* have decided to collaborate and to invite manuscripts from presenters whose work was pertinent to the scope of *ICHE*. The results of these efforts are presented here. We hope that the reader will find stimulating the discussions on some of the burning questions featured in CIPI '94: How do we improve mortality in the ICUs? How do we limit the spread of antibiotic resistance? What pertinent information can we expect from molecular epidemiology? How do we prevent cross-transmission in ICUs, operating rooms, and long-term care facilities? Is bacille Calmette-Guerin useful in developed countries? Is prevention of nosocomial infections economically sound?

We hope that the ICHE-CIPI collaboration will continue in the future and invite you to attend CIPI '96, to be held in April 1996, in Nice, of course!

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